

GRINNELL HUMAN RIGHTS COMMISSION COMPLAINT

Complaint of Discrimination under Chapter 29 of the Grinnell City Ordinance

NOTE: A copy of this complaint will be sent to the organization or person you are filing against.

Grinnell Human Rights Commission

City of Grinnell
927 4th Ave
Grinnell, IA 50112
641-236-2600

Regular city office business hours are Monday through Friday from 7:00 a.m. to 4:30 p.m.

(TYPE OR PRINT)

1. What is your full legal name (first, middle, last)? _____

2. What is your mailing address? _____

City: _____ State: _____ Zip Code: _____

3. Contact information - telephone numbers: home: _____

work: _____ cell: _____

Your e-mail address: _____

Your fax number? _____

4. Your date of birth? _____ Your sex? _____

Your race? _____ Your birth country? _____

5. Check the reason for the alleged discrimination.

(I was discriminated against because of my ...)

RACE	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other (please identify):
NATIONAL ORIGIN	<input type="checkbox"/> Hispanic <input type="checkbox"/> Mexican <input type="checkbox"/> East Indian <input type="checkbox"/> Arab/Afghani/Middle Eastern <input type="checkbox"/> Other (please identify):
SEX	<input type="checkbox"/> Female <input type="checkbox"/> Male
SEXUAL ORIENTATION	<input type="checkbox"/> Please Identify:
GENDER IDENTITY	<input type="checkbox"/> Please Identify:
DISABILITY	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
RELIGION/CREED	<input type="checkbox"/> Please Identify:
COLOR	<input type="checkbox"/> Light skinned <input type="checkbox"/> Dark skinned
AGE	<input type="checkbox"/>

FAMILIAL STATUS	<input type="checkbox"/> Presence of children
MARITAL STATUS	<input type="checkbox"/>
RETALIATION	<input type="checkbox"/> Because I filed a prior civil rights complaint, opposed a discriminatory practice or participated as a witness in an anti-discrimination proceeding.
ANCESTRY	<input type="checkbox"/> Please Identify:
PUBLIC ASSISTANCE	<input type="checkbox"/> Please Identify:
ETHNICITY	<input type="checkbox"/> Please Identify:
ORGANIZATIONAL AFFILIATION	<input type="checkbox"/> Please Identify:

6. Please check the AREA in which the discrimination occurred.

- | | | |
|--|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Public Accommodation | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Credit | <input type="checkbox"/> Retaliation |

Area describes the relationship between you and the person/organization you are filing against.

For example:

Employment: you had or sought an employment relationship with the person/organization (such as a private or public employer, temp agency, etc.)

Public Accommodation: you had or sought services from the person/organization (such as grocery store, gas station, police, etc.)

Credit: you had or sought financial services from the person/organization (such as bank, mortgage lending institution, etc.)

Education: you had or sought educational services from the person/organization (such as school, college, etc.)

Housing: you had or sought housing services from the person/organization (such as landlord, realtor, resident manager, etc.) or

Retaliation: you suffered adverse action or harm because you complained about discrimination

7. Check the ACTION that the person/organization took against you. (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Failure to Train |
| <input type="checkbox"/> Denied Accommodation/Modification | <input type="checkbox"/> Forced to Quit/Retire |
| <input type="checkbox"/> Denied Benefits | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Denied Financial Services/Credit | <input type="checkbox"/> Laid-Off/ Failure to Recall |
| <input type="checkbox"/> Denied Service | <input type="checkbox"/> Reduced Hours |
| <input type="checkbox"/> Disciplined/Suspended | <input type="checkbox"/> Reduced Pay |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Failure to Hire | <input type="checkbox"/> Terminated |
| <input type="checkbox"/> Failure to Promote | <input type="checkbox"/> Undesirable Assignment/Transfer |
| <input type="checkbox"/> Failure to Rent | <input type="checkbox"/> Unequal Pay |

☐ Other: _____

8. What is the full legal name of the person/organization that discriminated against you?
[This person/organization will be informed that you have filed a complaint and will be given a copy of your complaint.]

What is their mailing address? _____

City: _____ County: _____

State: _____ Zip Code: _____

Telephone: _____

9. Name the parent organization or corporate office of the person/organization listed in #8, if you know.

[This organization will also be informed that you have filed a complaint with discrimination and will be given a copy of your complaint.]

What is their mailing address? _____

City: _____ County: _____

State: _____ Zip Code: _____

Telephone: _____

10. Where did the discrimination occur? _____

City: _____ County: _____ State: _____

11. What does the organization do? _____

12. If employment is the area in which you claim discrimination, give approximate number of ALL employees (full-time & part-time) at ALL employer locations nationwide (REQUIRED**):**

Number: _____ or check appropriate box:

☐ 1-3 ☐ 4-14 ☐ 15-19 ☐ 20-100 ☐ 101-200 ☐ 201-500 ☐ 500+

13. Have you filed this complaint with any federal or state anti-discrimination agency?

☐ Yes

☐ No

If yes, what agency? _____ When? _____

14. If you are claiming harassment, who harassed you?

[This person(s) will be informed that you have filed a complaint and will be given a copy of your complaint.]

Name: _____

Title: _____

Work or Home Address: _____

Telephone: _____

Name: _____

Title: _____

Work or Home Address: _____

Telephone: _____

Name: _____

Title: _____

Work or Home Address: _____

Telephone: _____

15. What was the date of the **MOST RECENT** discriminatory incident (date something negative happened to you)?

Month: _____ Date: _____ Year: _____

16. If employment is the area in which you claim discrimination, what is your hire date or application date?

Month: _____ Date: _____ Year: _____

Are you still employed by the person/organization listed in #8? ☐ Yes ☐ No

If no, when did your employment end?

Month: _____ Date: _____ Year: _____

If no, how did your employment end? ☐ Terminated ☐ Quit

17. BRIEF SUMMARY OF ALLEGATIONS. Please state why you feel your basis/bases you checked in Question #5 was/were a factor in how you were treated. Please be sure to address each action you checked in Question #7. (Please DO NOT identify people who may be witnesses in support of your complaint in order to protect their identity.)

In your summary, be sure to provide the following information:

1. What happened?
2. When did it happen?
3. Who made the decision?
4. What makes you think the decision or action was discriminatory?
5. Why do you believe that your basis (race, age, sex, etc.) was a factor in the decision?

I certify under penalty of perjury and pursuant to the laws of the State of Iowa and the laws of the United States of America that the preceding charge is true and correct.

X _____
Signature of Complainant **Date**

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